

This plan belongs to: _____

ISP Start: _____ End: _____

Planning Questions

Please indicate whose perspective is involved in the completion of these questions

☐ Individual ☐ Family ☐ Friend ☐ Provider ☐ All Partners

Individual - Does my plan match...?

What makes me happy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My dreams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How I contribute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
People that I like?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New things I want to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where I want to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	My work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Things I like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Support I need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ways to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	People who support me?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having my own money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does my plan match my description of a good life?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “no” to any of these questions, go back to that part of the profile and consider again. Please describe the reason for any questions above remaining “no” at the end of the meeting and any plan to resolve.

Team

Are there any unfinished tasks from my plan that are not yet completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any team member have an objection to any actions or supports in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current actions and supports that are in conflict with what’s most important to me?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I need financial planning or benefits counseling in order to maximize resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any conflicts in my plans that create a health and safety concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I at risk of exceeding financial resource limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe the reason for any questions above being marked “yes” and any plan to resolve.

Date: _____